

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 N. UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, ALABAMA 36130-1410
www.mh.alabama.gov

August 3, 2021

RFP #2022-11

Dear Vendor:

The Alabama Department of Mental Health (ADMH) is soliciting proposals for **case management services**. Request for Proposals (RFP) will be accepted until **2:00 pm on Monday, August 30, 2021**.

The submission of a proposal does not guarantee the award of a contract. Any contract resulting from the proposal is not effective until it has received all required governmental approvals and signatures. In addition, the selected vendor shall not begin performing work under this contract until notified to do so by the departmental contracting agent.

When submitting a proposal, please read the entire RFP document and return your proposal in the requested format. All proposals should be submitted in ink or typed and contain an original signature. Submissions should be delivered to:

AL Department of Mental Health
Office of Contracts & Purchasing
100 North Union Street, Suite 570
Montgomery, AL 36104

MAILING NOTE: Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must **physically** be received at the listed office by the date and time specified regardless of the delivery service used. **All proposals received after the deadline will be deemed untimely and will not be reviewed.**

Sincerely,

Cedric Harrison

Cedric Harrison, Purchasing Director
Office of Contracts & Purchasing

The Alabama Department of Mental Health (ADMH) is soliciting proposals to provide case management services and establish a sustainable process for developing and implementing a systems-level, data-driven plan that can lead to measurable reductions in the number of people with mental illnesses or co-occurring mental illness and substance use disorders in local jails and emergency rooms. The proposals must **seek to expand case management services. Selected Contractors will be required to hire a case manager who is eligible to bill Medicaid for their services and complete specialty training surrounding individuals living with mental illness or co-occurring mental illness and substance use disorders. The agency must be enrolled as a Medicaid provider, and bill Medicaid for all eligible services provided for Medicaid recipients.**

The funds will support delivery of the Engagement Incentive Contracts (EIC) to allow contractors to hire a Case Manager to deliver coordinated services to decrease the number of persons with mental illness or co-occurring mental illness and substance use disorders in jails or emergency rooms. Eligible organizations that may apply for the EIC contract include Community Mental Health Centers in the State of Alabama that do not already have a Stepping Up grant. Community Mental Health Centers help both rural and urban communities build capacity and can streamline community resources to reduce recidivism and readmissions for persons with mental illness and co-occurring mental illness and substance use disorders who are released from jails or emergency rooms, and support coordination of mental health services. The Engagement Incentive Contract will fund five (5) Community Mental Health Centers to hire a case manager. The contracts are a **one-time** award not to exceed \$50,000.00 that requires the funded organization to hire a full-time case manager new position to coordinate with jails, emergency rooms (ERs), and local community resources to assess barriers and coordinate access to all available services and benefits. For more information on other programs administered by Alabama Department of Mental Health please visit www.mh.alabama.gov. Proposals will be accepted until **August 30, 2021, at 2:00pm CST.**

To help your Community Mental Health Center determine if you are a suitable candidate for this funding, these are some general questions to consider:

- Are the County leaders in your catchment area supportive of reducing recidivism for persons with serious mental illness and co-occurring mental illness and substance use disorders?
- Are the stakeholders in your community committed to making lasting policy changes and improvements in the catchment area for coordination of services for persons who are incarcerated in jails and visiting ERs with serious mental illness and co-occurring serious mental illness and substance use disorders?
- Are the stakeholders in your community committed to identifying gaps in the system of care and making lasting policy changes and improvements in the catchment area for coordination of services for persons who are incarcerated in jails and visiting EDs with serious mental illness and co-occurring serious mental illness and substance use disorders?
 - *Can you work with the jail staff to agree to conduct evidence-based screening tools at booking to screen for serious mental illness and substance use to all persons booked into the jail and then make referrals for additional assessment as warranted?*
 - *Can you request a Jail Daily Release List of persons who were released from the jail for your Case Manager to follow up with persons who screened and assessed as having serious mental illness or co-occurring disorder?*
- Are any counties in your catchment area involved in the Stepping Up Initiative?

- How is information shared among providers in the catchment area regarding persons with serious mental illness and co-occurring mental illness and substance use disorders?
- How are data from the jail and emergency room collected to document information on persons with serious mental illness and co-occurring serious mental illness substance use disorders?
 - Was this data collected in 2019, 2020 and 2021?
- Do you know or can you find out how many people are currently incarcerated within your jail with serious mental illness or co-occurring serious mental illness and substance use disorders?
- Do you know or can you find out how many people visit the ED's in your catchment area with serious mental illness or co-occurring serious mental illness and substance use disorders?
- Is there a process in place to assure a warm hand-off from the ED to the behavioral health system for individuals who have screened positive for serious mental illness or co-occurring serious mental illness and substance use disorders?
- Is there a process in place to alert the behavioral health systems when individuals who have screened positive for serious mental illness or co-occurring serious mental illness and substance use disorders have been released from jail?
- Can you routinely convene a diverse group of stakeholders (e.g., mental health professionals, jail staff, sheriff's office, probate judges, elected officials, mayors, county commission, community corrections, hospitals, ERs, health centers, substance use treatment centers, Fire Department, EMS, 911 Operators, Crisis Center) to collaborate on the project to achieve common goals?
 - Do you have a history of collaboration with these groups?
 - If yes, what progress, if any, has your group achieved in your collaborative efforts?
- Do you and your community partners currently collect data concerning persons with serious mental illness or co-occurring serious mental illness and substance use disorders in your catchment area?
 - If not, do you have the interest, commitment, and capability to collect this data?
- Does your Community Mental Health Center demonstrate sound fiscal management and accountability for managing grant/contract operations?
- Can your Community Mental Health Center attract multiple sources of support for the project for implementation and sustainability?
- Can your Community Mental Health Center identify value-added activities and services, and cost savings for jails and emergency rooms to support sustainability of the case management services beyond the initial contract?

Letter of Intent: A non-binding letter of intent is required to plan for application review. The Letter of intent must be submitted by **August 12, 2021, 4:00 pm CST**. The letter should include the Community Mental Health Center's intent to apply, the point of contact, proposed service area within the existing catchment area, and potential partners. This letter should be submitted to leola.rogers@mh.alabama.gov, kimlpattton@gmail.com and stepupal@dannonproject.org.

A Technical Assistance Webinar will be offered to address questions about the funding opportunity. Questions can be submitted to kimplpatton@gmail.com, stepupal@dannonproject.org by **August 5, 2021, 8:00 am CST.**

The Webinar will be hosted on **August 5, 2021, 11am – 1pm CST.**

Join Zoom Meeting

<https://us02web.zoom.us/j/5134121785?pwd=azVCM0NvRzIMcFFLbzN1YkZ6eDI0QT09>

Meeting ID: 513 412 1785

Passcode: Evaluation

One tap mobile

[+16468769923](tel:+16468769923),,5134121785#,,,,*8704507545# US (New York)

[+13017158592](tel:+13017158592),,5134121785#,,,,*8704507545# US (Washington DC)

Organization: ALABAMA DEPARTMENT OF MENTAL HEALTH (ADMH)

RFP Closing Date & Time: 2:00 pm on Monday, August 30, 2021

Review the mailing note.

RFP Contact Info: Leola Rogers
ADMH
Office of Contracts & Purchasing
RSA Union Building
100 North Union Street, Suite 570
Montgomery, AL 36104
Telephone Number (334) 353-7440
Email: leola.rogers@mh.alabama.gov

MAILING NOTE: Proposals may be sent via Regular US Postal Service (USPS) Mail, Express/Overnight USPS Mail, commercial delivery service such as FedEx or UPS, or hand delivered by the closing date and time. Emailed or faxed responses are **not** accepted. Also, please note: All US Postal mail, including express/overnight mail that is dispatched to any State agency is processed thru the State mail facility before it is forwarded to the appropriate State agency, thus delaying its arrival to the department. By using the USPS, you assume the risk of delay that may result in your proposal being received late and therefore being determined to be untimely and will not be reviewed. Postmarks of the date mailed are insufficient; the proposal must **physically** be received at the listed office by the date and time specified regardless of the delivery service used. **All proposals received after the deadline will be deemed untimely and will not be reviewed.**

ADDITIONAL INFORMATION

1. Who **may not** respond to this RFP? Employees of DMH and current State employees.
2. In order to transact business in the State of Alabama, all businesses domestic and foreign must register with the Alabama Secretary of State Office. (Domestic means within the State of Alabama. Foreign means out-of-state.) Website: www.sos.alabama.gov
3. If contracted with the State of Alabama, all vendors must enroll and actively participate in E-Verify. Website: <https://www.e-verify.gov/>
4. All vendors must register with STAARS Vendor Self Service. Website: <https://procurement.staars.alabama.gov/webapp/PRDVSS1X1/AltSelfService>
5. The Department of Mental Health reserves the right to reject any and all proposals if RFP instructions are not adhered to, such as: received after deadline (see mailing note), requested # of submissions not received.

TIMELINES

Date	Item	Delivery Method
August 3, 2021	RFP Release	USPS, ADMH Website, and STAARs website
August 4, 2021 by 4:00 pm CST	Deadline to submit RFP questions and requests for clarification	Email to Stepupal@dannonproject.org kimlpattton@gmail.com
August 5, 2021 9am – 11am CST	Technical Assistance Webinar	Join Zoom Meeting https://us02web.zoom.us/j/5134121785?pwd=azVCM0NvRzlmMcFFLbzNlYkZ6eDI0QT09 Meeting ID: 513 412 1785 Passcode: Evaluation
August 6, 2021 by 12:00 pm CST	Recording of the Technical Assistance Webinar Posted	ADMH website www.mh.alabama.gov/adcp
August 12, 2021 by 2:00 pm CST	Letter of Intent	Email to leola.rogers@mh.alabama.gov kimlpattton@gmail.com and stepupal@dannonproject.org
August 30, 2021 by 2:00 pm CST	RFP Closing Date	USPS or FedEx or UPS (Review mailing note)
August 30, 2021 by 2:00 pm CST	RFP Submissions: 1 original & 3 copies	
September 24, 2021 Approximately	Notification of selection status	USPS (In writing)
October 1, 2021	Services to begin at the start of the fiscal year	USPS

NOTE: Emailed or faxed responses are not accepted.

REQUEST FOR PROPOSALS (RFP)
CERTIFIED CASE MANAGEMENT ENGAGEMENT INCENTIVE PROGRAMS FOR
PERSONS WITH MENTAL ILLNESS OR CO-OCCURRING MENTAL ILLNESS AND
SUBSTANCE USE DISORDER IN JAILS AND EMERGENCY ROOMS

Proposals must be clearly labeled:
RFP 2022-11 CERTIFIED CASE MANAGEMENT

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BACKGROUND FOR FUNDING

The Stepping Up Initiative was launched in May 2015 as a partnership of The Council of State Governments (CSG) Justice Center, The National Association of Counties and The American Psychiatric Association Foundation. The initiative is designed to rally national, state, and local leaders around the goal of reducing the number of people with serious mental illnesses in jail. The initiative provides technical assistance for planning, tool kits for implementing the initiative, virtual trainings and other resources at the website <https://stepuptogether.org/>.

In 2015, through the work of River Region Healthy Minds Network in Alabama, Montgomery County was invited as one of only 50 counties in the U.S. to the inaugural Stepping Up Convening in Washington, D.C. in June. At that time, former ADMH Commissioner, Lynn Beshear, was the Executive Director of Envision 2020, which was the regional visioning and planning process launched in 2000 to implement 25 goals pertaining to all aspects of our shared quality of life. In 2009, Envision began intensive work to increase access to mental health services in the four-county Montgomery Area Mental Health Authority counties (Autauga, Elmore, Lowndes and Montgomery), based on the results of a comprehensive health care access study conducted by Health Management Associates in Chicago in 2008. The Healthy Minds Network was established to lead the mental care access work in the River Region, with three primary actions stemming from the collaboration: (1) a Sequential Intercept Map of Montgomery County resulting in three primary efforts: (a) Access to Housing, (b) Mental Crisis Care other than in jail or an ER and (c) Data Collection & Sharing; (2) Establishment of a high-level Mental Crisis Care Task Force to establish a place individuals could be taken by law enforcement for medical evaluation, mental evaluation, short-term stabilization and a treatment plan; and (3) the Post-Incarceration Case Management program at the Montgomery Area Mental Health Authority, which caused the recidivism rate to drop from 57% to 2.5% in its first year. Lynn Beshear was sworn in as Commissioner of the Alabama Department of Mental Health on July 10, 2017 and brought with her the commitment to implement effective actions that increase to availability of appropriate mental health treatment throughout the state of Alabama.

According to the Stepping Up Initiative, "each year, there are an estimated 2 million people with serious mental illnesses admitted to jails across the nation. That's equivalent to the populations of Vermont and New Hampshire—combined. Almost three-quarters of these adults also have drug and alcohol use problems. Once incarcerated, individuals with serious mental illnesses tend to stay longer in jail and upon release are at a higher risk of returning to incarceration than those without these illnesses". Additionally, according to the American Psychological Association, "jail inmates with mental health problems are more likely than those without such problems to report drug use in the month before their recent arrest," and "more than two-thirds of jail detainees have a substance use disorder."

The human toll of this problem—and its cost to taxpayers—is staggering. Jails spend two to three times more money on adults with serious mental illnesses who require intervention than on those without these needs. Yet often communities do not see improvements to public safety or these individuals' health. Although counties have made tremendous efforts to address this problem, they are often thwarted by significant obstacles, including operating with minimal resources and needing better coordination between criminal justice, mental and physical health, substance use treatment, and other agencies. Without change, large numbers of people with serious mental illnesses will continue to cycle through the criminal justice system, often resulting in tragic outcomes for these individuals and their families, missed opportunities for connections to treatment, inefficient use of funding, and a failure to improve public safety."

As of July 2021, 26 of the 67 counties in Alabama have passed Stepping Up resolutions or proclamations. Mental health centers in **sixteen of the 26 counties** were funded by the Alabama Department of Mental

Health (ADMH) to implement this initiative – six counties in Year One (Oct. 2018 – Sept. 2019) and five counties in Year Two (Oct. 2019 – Sept. 2020) and five new counties in Year Three (Oct. 2020 – Sept. 2021). Commissioner Kim Boswell spearheads this unique implementation of Stepping Up; to serve populations in both jails and emergency departments. These settings are often ill equipped to appropriately address the needs of people with serious mental illness (SMI), substance abuse, or co-occurring disorders. These individuals are better served with appropriate mental health and support services.

To execute this vision, ADMH contracted with **The Dannon Project** to provide Training & Technical Assistance and Evaluation Support to ADMH and grantees beginning in May 2018. In June 2018, ADMH released a Request for Proposal (RFP) for community mental health centers to apply for a ONE-TIME award of up to \$50,000. This award supported intensive case management services to screen, assess, develop a case plan for and link clients to appropriate, necessary mental health (i.e., group/individual mental health counseling, crisis intervention, and court advocacy) and social services (i.e., housing, transportation, food); recruitment for and facilitation of a local planning committee to create supportive local policies; and community outreach to mobilize community support.

Over the course past three grant periods, sites have been able to establish a robust data collection process, solidify partnerships with community leaders, establish a referral process for receiving clients, and continue meeting the needs of their communities' vulnerable populations by connecting these individuals to long-term care and treatment. These sites have been able to start 'crucial conversations' in their community about this ongoing problem and facilitate the work of people in the community to solve it as a team.

In November 2019, Commissioner Beshear presented on the success of ADMH grantees to Governor Ivey's Study Group on Criminal Justice Policy. As a result, the group formally recommended to expand the Stepping Up Initiative statewide to reduce recidivism. In addition, a bi-partisan group of legislative leaders identified the expansion of the Stepping Up Initiative as a top priority in the mental health legislative agenda for the 2020 Regular Legislative Session. As a result, the Governor and the legislature provided ADMH a \$1.8 million investment in Stepping Up for FY2021.

A. TARGET POPULATION AND PROGRAM GOALS

The Alabama Department of Mental Health (ADMH) is charged to lead the state's efforts to enhance the health and wellbeing of individuals, families, and communities impacted by mental illness, developmental disabilities, and substance use disorders. In that capacity, the ADMH is seeking qualified entities to apply for this grant to provide certified case management services for the following target populations:

1. Women and/or men who are at least nineteen (19) years old; and
 - (a) Have moderate to severe mental illness or co-occurring mental illness and substance use disorder and
 - (b) Are identified in jail or at an emergency room.

ADMH desires to contract with experienced, well-qualified organizations that can assist the agency in meeting the following goals relative to the target population:

1. Reduce recidivism and hospital emergency room readmissions;
2. Partner and build sustained relationships with law enforcement, elected officials, mayors, county commissions, probate judges, community corrections, hospital staff, jail staff and individuals' families.
3. Create community partnerships and collaborations to streamline and coordinate community resources to support persons with mental illness and co-occurring mental illness and substance use disorders.
4. Improve access to mental health care;
5. Ensure evidence-based mental health and co-occurring mental illness and substance use disorder screenings are administered on all persons who enter jails and emergency rooms and results are utilized in planning and follow up for persons who screen positive;
6. Track data on recidivism and readmissions of persons with mental disorders and co-occurring mental health and substance use disorders;
7. Conduct an "Initial Needs Assessment" to define baseline data of:
 - a. the number of people booked into jails,
 - b. their average length of stay,
 - c. the percentage of people with mental illness connected to treatment, and
 - d. their recidivism rates.

The "Initial Needs Assessment" will also include baseline data on the number of people who are present at emergency rooms, and the average number of ER visits per year for those who exhibit serious mental illness or co-occurring serious mental illness and substance use disorders.

8. Increase awareness of issues regarding mental health and co-occurring mental health illnesses and substance use disorders within the community and among community leaders.
9. Through use of appropriate referrals:
 - a. Decrease the harmful use and related consequences of prescription and illicit drugs, and alcohol;
 - b. Improve mental and physical health;
 - c. Decrease the risk of mental, emotional, and behavioral disorders;
 - d. Improve parenting skills, family functioning, economic stability, and quality of life;
 - e. Decrease the community's involvement in and exposure to crime, violence, neglect, and physical, emotional, and sexual abuse.

B. FUNDING

Approximately **\$250,000.00** is expected to be available to fund **5 (five)** certified case management programs developed and operated by Community Mental Health Centers to reflect the unique needs of women and men who have mental illness or co-occurring mental illness and substance use disorders identified in jails and emergency rooms. Awards for this initiative is funded by the ADMH. Existing contracts with community mental health centers will be amended and the amendment will outline reimbursement procedures.

C. GENERAL REQUIREMENTS FOR PARTICIPATION

1. Applicants must be a Community Mental Health Center operating within the State of Alabama that does not currently have an existing Stepping Up grant.
2. Applicants must commit to engaging with county leaders to ***become a Stepping Up County within sixty (60) days of signing the ADMH contract.*** Applicant will need to show proof that the county is a Stepping Up County. The required proof includes a copy of the signed National Stepping Up County Resolution Proclamation. This must be submitted to both the National Stepping Up Initiative at info@stepuptogether.org and the Alabama Stepping Up Technical Assistance team (T/TA) at kimlpatt@stepupal@dannonproject.org.
3. Applicants must commit to working with the project Stepping Up Coordinator and T/TA team throughout the contract funding period to ensure program compliance, reporting, monitoring, and tracking performance, and address management information system issues for data collection and reporting.
4. Applicant's financial operations shall be in line with federal and state audit requirements and in line with contractual requirements.
5. Applicants applying to offer certified case management services must have full access to coordinate services within jails and emergency departments for release planning as well as access to appropriate community-based facilities in which to house the Engagement Incentive program.
6. Prior to ADMH finalizing a contract for provision of the specified services, selected Contractors must demonstrate that the proposed linkages are established with the local jail(s) and ED and that the facility complies with all applicable city, county, state, and federal building, fire, safety, health, COVID-19 and accessibility regulations, codes, precautions, etc. Applicants must submit Letters of Intent during Phase One. During Phase Two, applicants must submit Memoranda of Agreement with required Stepping Up Partners. Required Stepping Partners are Jail Administration, Hospital or ED Administration, Judge/Court System, Law Enforcement, and County Commissioner.
7. The facility housing the Engagement Incentive Program must meet ADMH requirements for life safety and COVID-19 precautions.
8. The selected Contractors must strive to honor all requests for admission into the Engagement Incentive Program, to the extent possible.
9. Eligible men and women shall have access to all required services, interventions, and supports identified in **Section D** of this document.

10. When eligible men or women cannot be admitted into the program due to space limitations or other circumstances, the selected Contractors will assist in locating alternative, safe, and appropriate referrals to other community resources, as are available within the region.
11. The selected Contractors will be Medicaid providers and bill Medicaid for all eligible services provided for Medicaid recipients.
12. All aspects of service delivery shall be responsive to the culture, language, and age of the program's participants.
13. The selected contractors must facilitate timely admission to the program and access to all related services.
14. Contractors must provide language assistance for individuals who have limited English proficiency and/or other communication needs at no cost to them. This includes deaf and hard of hearing individuals.
15. The selected contractors must clearly inform all individuals of the availability of language assistance services in their preferred language, verbally and in writing and must ensure the competence of individuals by providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided; and
16. The selected contractors must provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
17. Certified Peer Specialists can be employed and can be a meaningful component of the agency's workforce.
18. A clinical/service record must be maintained for each woman and man recruited into and enrolled in the Engagement Incentive Program and it shall be based upon the needs of each woman and man, as established through ongoing assessment and case management planning, and progress monitoring.
19. The selected contractors will coordinate with jails and EDs to receive the mandated screening results from the validated screening tools used to identify persons with serious mental illness or co-occurring serious mental illness and substance use disorders.
20. The selected contractors will maintain a data collection and reporting process that functions to:
 - (a) Provide a mechanism for monitoring the efficiency and effectiveness of the services provided in response to this LOI.
 - (b) Provide data that is entered in the Stepping Up QuickBase data system.
 - (c) Produce data required by Medicaid for billing purposes.
 - (d) Provide measures for ADMH's evaluation of progress toward the goals established for this initiative.

Data collection and reporting will also encompass the following domains:

- (a) Access to care for men and women enrolled in the Engagement Incentive Program.
- (b) Mental/emotional and physical health of the participating men and women.
- (c) Family functioning.
- (d) Involvement in disease prevention/mental health promotion activities.
- (e) Recidivism and readmissions.
- (f) Number of persons in jail and emergency department with mental and substance use disorders; and

- (g) Identifying the value-added activities and services, and cost savings for jails and emergency departments to support sustainability of the case management services beyond the initial contract.
21. According to procedures established by ADMH, data collection and reporting by the selected Contractors shall begin with initial client contact and continue for a minimum period of three (3) months post program completion or a timeline established with the T/TA team. Program start date is most likely upon release or discharge from jail, and/or emergency department treatment and release. The selected Contractors must be willing to work with the Stepping Up Coordinator, T/TA team and the Stepping Up Evaluator for program compliance, reporting, monitoring, and tracking.
 22. The selected Contractors will be expected to promptly assist program participants in applying for Medicaid, Health Insurance, and other public assistance programs provided by Federal, State, or local governments, as well as child support, if applicable. The SOAR training should assist with achieving this task.
 23. Neither the Applicant nor its principles shall presently be debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receipt of Federal, state, or local government funding.
 24. No program fees may be charged by the selected Contractors to men or women whose family income is equal to or less than 133% of the Federal Poverty Level.
 25. Service implementation shall begin within ninety (90) days after the date of full execution of the ADMH Contract.

D. SCOPE OF WORK

The work list below identifies the minimum responsibilities and/or services that the Applicant must agree to assume and implement under any contract awarded because of this RFP. In addition to fulfilling the General Requirements for Participation specified in **Section C** of this request, selected Contractors will be expected to:

1. Integrate the National Stepping Up Initiative model and collaborate with the required local partners (Jail Administration, Hospital or ED Administration, Judge/Court System, Law Enforcement, County Commissioner, and Crisis Center) to deliver a certified case management approach to reduce the number of people with serious mental illness or co-occurring serious mental illness and substance use disorders in local jails and emergency departments. Establish an environment that fosters safety, respect, and dignity for each eligible woman and man enrolled in the program.
2. Commit to working with the project Stepping Up Coordinator and T/TA team throughout the contract funding period to ensure program compliance, reporting, monitoring and tracking performance, and address management information system issues for data collection and reporting.
3. Provide a case management service model and regimen that has been designed and organized in such a manner to provide structure and consistency for the women and men enrolled in the case management program.
4. Ensure access for the clients to an adequate number of appropriately trained and credentialed staff eligible to bill Medicaid.
5. Create and submit "Initial Baseline Data Assessment" to exhibit data identifying the number of people booked into jails, their average length of stay, the percentage of people with serious mental illness and

co-occurring serious mental illness and substance use disorders connected to treatment and their recidivism rate. The assessment should also include similar data on emergency room admissions and readmissions. This will have to be done in collaboration with community partners.

6. Admit eligible persons, both, women, and men with serious mental illness or co-occurring serious mental illness and substance use disorders into case management services or refer to appropriate services based upon initial assessment as established by admission criteria that are responsive to the needs of this population.
7. Provide timely, seamless transfer from one level of care to another based upon ongoing evaluation of the needs of each eligible man and woman in relation to the program's plan of care and discharge criteria.
8. Directly provide or ensure access to structured, responsive case management and recovery support services that conforms to the assessed needs of each eligible woman and/or man. At a minimum, these services must consist of, reflect, or otherwise incorporate the following elements:
 - (a) Evidence-based practices and approaches to care;
 - (b) Strength-based approaches to care;
 - (c) Cultural responsiveness;
 - (d) Interventions, assessments and activities that address:
 - Mental health wellness, treatment, and symptom management;
 - Recovery from substance use disorders;
 - Relapse prevention;
 - Empowerment;
 - Social stigma;
 - Trauma;
 - Domestic violence, sexual abuse, and physical abuse;
 - Relationships;
 - Sexuality;
 - Parenting skills development/family reunification;
 - Family dynamics;
 - Spirituality;
 - Life skills;
 - Educational/vocational skills;
 - Housing stability;
 - Transportation;
 - Legal issues; and
 - Physical/reproductive health disease prevention, symptom management, and wellness.
 - (e) Access to primary medical care, including prenatal care;
 - (f) Recreation and leisure-time skills training; and
 - (g) Access to education, employment and training programs.
9. Provide case management services commencing at admission and continuing for a minimum of three (3) months post discharge. This service shall function to:
 - (a) Ensure that each eligible woman and man continue to receive needed services in a supportive, effective, efficient, timely, and cost-effective manner after discharge from case management services;
 - (b) Assist with community resources including linking and facilitating access to needed services and resources;
 - (c) Monitor implementation of the client's plan of care and the extent to which:
 - Progress or lack of progress is occurring.

- The current level of care and related services remain appropriate; and
 - Service plan modifications are needed.
- (d) Monitor the status of risk factors and special needs; and
- (e) Promote active involvement in continuing care activities.
10. Develop resources for connection to safe, stable, and affordable housing that can be sustained over time.
11. Provide transportation services to ensure that the eligible men and women have access to, at a minimum, the services specified in **items 8-9** above.
12. Establish Memoranda of Agreements (MOAs) with required and suggested key agencies and organizations such as elected officials, Mayors, County Commissions, Sheriffs, Probate Judges, Community Corrections, Department of Human Resources, local public housing authorities (for permanent housing for families), community-based mental health, substance abuse treatment facilities, primary health, child and family services, family court, criminal justice, volunteer lawyer programs, law enforcement entities, mental health courts, employment and education programs to facilitate referrals and enhance access to needed services by the program's participants. With your LOI, **MOAs are required from the following key agencies and should include a clause to reflect a data sharing agreement and access to the required baseline data:**
- Jail Administration (i.e., wardens, sheriffs)
 - Hospital/Emergency Department Administration
 - Judge/Court System (i.e., probate, criminal, municipal)
 - Law Enforcement (i.e., Sheriff, Police)
 - County Commission

The other MOAs are optional, but strongly suggested for submission during the funding year. See **APPENDIX II for Sample MOA.**

13. Complete the required "Stepping Up Self-Assessment" located at <https://tool.stepuptogether.org/> within sixty (60) days of program implementation. **Please note that only one email account per county is assigned.**
14. Attend a "Stepping Up Kickoff Administrators Meeting" during the first quarter. All funded sites are expected to send an administrator and a key stakeholder to participate in this four-hour orientation. Due to COVID-19, this may be a virtual meeting. Sites will be informed closer to the due date. During this meeting, grantees will receive a detailed overview of the Stepping Up Initiative and the Council of State Government Justice Center; provide an update on the work being conducted in the program area; discuss common challenges and opportunities; and collective problem-solving opportunities.
15. Attend a "Case Managers Kickoff Orientation" during the first or second quarter. All funded sites are expected to send the case manager and a backup staff member for cross-training purposes. This will be a 12-hour training and due to COVID-19 this may be a virtual meeting. Sites will be of the training dates. During this meeting, grantees will receive an overview of the Stepping Up Alabama Initiative, a detailed list of expectations and Evaluation Green Chart with due dates; training on the Stepping Up Alabama QuickBase data collection system, and case management training.
16. Attend the "Stepping Up Summit" during the grant period. All funded sites are expected to send an administrator, case manager, and key stakeholders to participate in this one-day training session. Due to COVID-19, this may be a virtual meeting. Sites will be informed closer to the due date. During this

meeting, grantees will receive information from the national Stepping Up office, ways to enhance data collection, and strategies to help engage the Planning Committee for systematic change.

17. Attend monthly Stepping Up Learning Collaborative meetings with the Stepping Up Alabama T/TA team. All funded sites are expected to send an administrator and case manager to this meeting.
18. Plan and conduct 'Crucial Conversations' with community partners. The goal of these conversations is to bring in new audiences, new partners, and fostering deeper involvement for existing partners.
19. Utilize the Stepping Up Alabama Quickbase database developed and hosted by The Dannon Project and ensure data is up to date. The data in QuickBase should be identical to the agency Service Report pulled on the 10th of each month by ADMH, reflecting all activities delivered each month.
20. The applicant shall develop a Sustainability Plan to maintain relevant services beyond the year of ADMH contract funding. **See APPENDIX V**
21. The applicant shall participate in Monthly Training and Technical Assistance (T/TA) Calls/Webinars – Each month the Project Administrator shall participate in a TA call/webinar to review progress to goals and priorities for the next month, identify training needs for case manager, update progress towards meeting Stepping Up goals, and discuss the status of Green Evaluation Chart tasks. The Case Manager shall participate in a monthly Case Management TA session to discuss services provided, training needs, challenges and issues and brainstorm potential solutions to achieve the Stepping Up goals.
22. The applicant shall develop a Planning Committee that will meet routinely to conduct business addressing the policy level goals of Stepping Up including joint planning, needs assessments, surveys, gap identification and ongoing collaborative efforts to strengthen the infrastructure and capacity of the continuum of care to support persons with serious mental illness or co-occurring disorders who are booked into jail or present in the ED and prevent recidivism and ensure receipt of appropriate mental health and social services.
23. Plan and participate in the May Stepping Up Month of Action and Mental Health Month celebrations with key partners and community leaders. Invite the media to participate and learn about how Stepping Up is operating in the county.

E. SUBMISSION SPECIFICATIONS

1. Technical Formatting Requirements

Proposals shall be submitted in the following format to qualify for review:

- (a) Proposals shall be received by the established deadline of **August 30, 2021, at 2:00pm CST.**
- (b) Proposals shall be responsive to the guidance provided within this RFP and include sufficient information for review.
- (c) Proposal pages shall be typed on white 8.5" x 11" paper in black ink, double-spaced, using the Times New Roman twelve (12) point font. All margins (left, right, top, and bottom) shall be equal to one inch (1").
- (d) Each page of the proposal shall be sequentially numbered, beginning with the Cover Page and ending with the final page of Exhibit 12.
- (e) The proposal shall be assembled in the following order:

SECTION I.	Cover Page
SECTION II.	Assurance of Understanding of General Requirements for Participation
SECTION III.	Table of Contents
SECTION IV.	Profile of Applicant Organization – Organizational Capacity
SECTION V.	Personnel
SECTION VI.	Program Description
SECTION VII.	References
SECTION VIII.	Clarification/Exceptions or Deviations
SECTION IX.	Funding Strategy and Request and Narrative Justification
SECTION X.	Exhibit 1: Current Organization Chart
	Exhibit 2: Governing Body Listing and Details
	Exhibit 3: Management Team Listing and Details
	Exhibit 4: Proposed Organizational Chart
	Exhibit 5: Certified Case Manager Job Description
	Exhibit 6: Baseline Data & Community 310 Plan
	Exhibit 7: Documentation of Stepping Up Proclamation (if applicable)
	Exhibit 8: Letters of Support
	Exhibit 9: Program Implementation Plan
	Exhibit 10: MOA Listing
	Exhibit 11: Funding Request and Justification
	Exhibit 12: Sustainability Plan

- (f) The proposal shall not exceed twenty-five (25) pages for **Sections I - VIII.**

2. SECTION I - Cover Page

The Proposal Cover Page must include the following information:

- (a) Title of proposal: **“CERTIFIED CASE MANAGEMENT ENGAGEMENT INCENTIVE PROGRAMS FOR PERSONS FOR PERSONS WITH MENTAL ILLNESS OR CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE USE DISORDER IN JAILS AND EMERGENCY ROOMS”**
- (b) Legal name of Applicant Organization.
- (c) Applicant’s legal business organizational structure.
- (d) Applicant’s address, telephone and FAX numbers.
- (e) Applicant’s website address.
- (f) Applicant’s contact for the proposal: Name, Address, Telephone, FAX, Email Address.
- (g) Sub-state Region in which the proposed program will be located.
- (h) Signature of authorized member of the Applicant’s governing body.
- (i) Date of submission.

3. **SECTION II - Assurance of Understanding of General Requirements for Participation**

Using the form provided as **APPENDIX I**, an authorized member of the Applicant Organization’s governing body must provide ADMH with written assurance that the Applicant Organization:

- (a) Understands the basic requirements to qualify to provide the proposed program, as specified in **Section C, Items 1-28** of this RFP; and
- (b) Has the experience and capacity to implement the program components specified in **Section D.8. (a) – (g)** of this RFP.

4. **SECTION III - Table of Contents**

The table of contents shall identify each proposal component in the order listed, as specified in **Section E.1. (e)**, and by sequential page number. Each specific Exhibit shall be identified in the table of contents by Exhibit number, name, and page number.

5. **SECTION IV - Profile of Applicant Organization – Organizational Capacity**

The Applicant shall provide sufficient information for ADMH to determine that the organization has the knowledge, skills, abilities, capacity and resources to provide the services specified in this proposal. At a minimum, this information shall include:

- (a) The Applicant’s legal business name and legal organizational structure.
- (b) A brief overview of the history of the organization, mission statement, governing body, and existing sources of funding.
This section of the proposal should also include the following:
 - Number of years in business under the present business name, and under other business names.

- Services provided. Also, include a brief description of current case management capacity.
 - A summary of demographic and clinical profiles of individuals currently served, average length of time in treatment, and numbers served annually.
 - Current service locations, with the physical address and services offered at each site.
 - Number of years providing services for the target population specified in this RFP, and a description of the services provided for eligible men and women with mental illness or co-occurring mental illness and substance use disorders.
 - A copy of the Applicant's current organizational chart, indicating the number of FTEs per title (**Include as EXHIBIT 1**).
 - A list of all members of the Applicant's governing body, indicating terms of office and home or business address. Also indicate whether any members are officers, agents, or employees of the Applicant organization (**Include as EXHIBIT 2**).
 - A list of the organization's management team, including, at a minimum, the Executive Director, Clinical Director, Medical Director, and Departmental or Divisional Directors/ Coordinators; employment status (full-time, part-time, consultant, independent contractor, volunteer, etc.); and the length of time employed (**Include as EXHIBIT 3**).
- (c) A list and description of similar work, as that specified in this RFP, performed for other state agencies or related organizations, including the names of these entities.
- (c) Explanation of how ADMH will benefit if the Applicant is selected to perform the work specified in this RFP.
- (d) An overview of existing relevant community partners relevant to serving the proposed population in this proposal.
- (e) Identification and explanation of any past or current litigation, governmental, or regulatory action, including debarment, suspension, exclusion, or contract termination, involving the Applicant organization, its staff, and/or members of its governing body.

6. SECTION V - Personnel

- (a) Provide a summary of the knowledge and experience of the organization's leadership relative to the provision of evidence-based, responsive treatment for eligible men and women who have serious mental health and co-occurring serious mental health and substance use disorders.
- (b) Submit an organizational chart for the proposed program along with a narrative explanation of the staffing plan. Clearly distinguish full-time, part-time, contract employees, and volunteers, as well as, existing staff and new hires required to accommodate the staffing needs of the proposed program. Using the form provided as **APPENDIX III**, provide a job description for the case manager position(s) listed on the organizational chart (Include the Organizational Chart as **EXHIBIT 4** and Job Description for Certified Case Manager as **EXHIBIT 5**).

- (c) Include a proposed staffing plan to include whether the proposed program will utilize any personnel that will be shared with or co-assigned to other programs; and a description of this arrangement. Identify each position to be shared, along with the percentage of the staff's time assigned to the proposed program.
- (d) Describe the planned use of Certified Peer Specialists (if applicable) in delivery of the proposed services.
- (e) Describe the proposed provisions for back-up staffing.
- (f) Describe the planned use of volunteers (if applicable) in delivery of the proposed services.
- (g) Describe the Applicant's plans for:
 - Certification (if applicable);
 - Supervision;
 - Staff development and training;
 - Ongoing assessment of staff competency;
 - Medicaid Billing and compliance; and
 - National Stepping Up Initiative Compliance.

7. **SECTION VI - References**

The Applicant shall provide documentation of current and past relevant work experience in the form of three (3) references. Each reference shall include, at a minimum:

1. Name, address, phone, and email of organization for which the respondent provided services.
2. Contact person.
3. A brief description of the work performed.
4. Dates of work performed.

8. **SECTION VII – Program Description**

Statement of Need

- a) Applicant will need to document the geographical area that the program is targeted to serve. Include demographic data available on the target area to be served (target area does not require the agency to serve the entire catchment area). If applicant decides to limit the target area, applicant must provide data to support chosen service area for the proposed program.
- b) Applicant will need to document other gaps and barriers in services that demonstrate a need for the Engagement Incentive Program. "i.e. capacity, infrastructure, lack of staffing, limited housing resources, transportation, lack of training for community partners, language barriers, etc."
- c) Describe the baseline data to identify the number of people currently incarcerated with mental illness or co-occurring mental illness and substance use disorders. Please include applicable data for the past two (2) calendar years for jails and emergency rooms serving persons with mental illness or co-occurring mental illness and substance use disorders.

- d) Applicant will need to include the Community 310 Plan for the proposed service area. Community 310 Plans can be found at <http://www.mh.alabama.gov/ADPR/310BoardStrategicPlans.aspx> (Include as EXHIBIT 6)

Program Model

Applicant must clearly describe how their chosen program model will integrate the required case management position along with the required Stepping Up Initiative. Program model must utilize the required Stepping Up community partners as well as required Stepping Up “Six Questions County Leaders Need to Ask.” More information can be found at stepuptogether.org.

Question 1: Is your leadership committed?

Question 2: Do you have timely screening and assessment?

Question 3: Do you have baseline data?

Question 4: Have you conducted a comprehensive process analysis and service inventory?

Question 5: Have you prioritized policy, practice, and funding?

Question 6: Do you track progress?

- e) Describe **how** the Applicant Organization will comply with the Scope of Work specified in **Section D**. Identify the specific service modalities, evidence-based strategies and interventions, assessment tools, and service providers to be utilized in implementation of the case management service requirements and coordination of the Stepping Up Initiative. **A thorough response shall be provided to each section (1-23), as well as to each subsection ((a), (b), (c), etc.) and bullet (□) listed, thereafter. No item within the Scope of Work should be left unaddressed by the Applicant.** Gender, age, cultural, and linguistic responsiveness should be evident throughout the Scope of Work details provided. Services to be provided onsite by the Applicant organization and those to be provided offsite by other entities should be clearly differentiated.
- f) Describe your agency’s philosophy of treatment to demonstrate the delivery of client centered case management and implementation of stabilization management principles. Give examples of specific policies or procedures in practice at your agency that demonstrate a client centered philosophy. Include a plan that demonstrates the frequency and types of services provided to meet the level of case management service description requirements.
- g) Provide a detailed description of the evidence-based, mental illness and co-occurring mental illness and substance use disorder case management services for eligible men and women which your agency proposes to provide. Describe how the agency will implement these evidence-based programs to assure fidelity to the practice. **Include training, ongoing supervision plans and any planning for staff turnover.** Describe the specific types of case management services, resource coordination, community collaborations with jails, emergency rooms and local Stepping Up partners.
- h) Describe your agency’s capacity to accommodate clients who take legitimately prescribed medications, including medications for the treatment of opioid dependency. Include your policy as an Appendix.
- i) Provide documentation showing the catchment area is a Stepping Up County. This should include the Stepping Up County Proclamation. If the catchment area is not currently a Stepping Up County, applicants must provide a plan on how the applicant will become a Stepping Up County within sixty (60) days of contract signing. **(Include as EXHIBIT 7)**

- j) Identify the specific jails and emergency rooms that the program will partner with to identify eligible applicants. Include the following:
 - The address of the proposed partner facility, the ADMH Region in which it is located, and a description of the surrounding community.
 - A description of the facility.
 - The program's proposed capacity. Specify the size of the case load.
 - Specify how required Initial Baseline Data Assessment results will be received from Stepping Up partners.
 - Specify how the program proposes to negotiate with the jail, ER, or court staff to develop a process to screen and assess all persons booked in the jail and refer appropriate persons for assessment and service delivery.
- k) Include required Memoranda of Agreements from Jail Administration, Hospital or ED Administration, Judge/Court System, Law Enforcement, and County Commissioner. **Include as EXHIBIT 8.**
- l) Describe how your agency will provide a Training Plan documenting how you will offer training and professional development for the Stepping Up Partners, jails, emergency departments, probate judges, sheriff's, mayors, county commission, and community partners. Applicants must commit to working with the State Stepping Up Coordinator and T/TA team throughout the contract funding period to ensure all required trainings and webinars are attended, and required certifications are attained by appropriate staff members and community partners (i.e., ADMH required trainings and the National Stepping Up Initiative trainings and webinars).
- m) Describe the strategies to be used to inform the target population identified in jails, courts, and emergency departments about the services available and to facilitate admission into the proposed Engagement Incentive Program.
- n) Describe the proposed program's assessment process of eligible men and women. At a minimum, identify time frames from assessment to admission into the Engagement Incentive Program, any additional assessment instruments, and who will conduct the assessments.
- o) Describe the proposed program's admission criteria and process, and how it incorporates:
 - (a) Evidence-based assessment tools, UNCOPE Screening, Brief Jail Mental Health Screen, Correctional Mental Health Screen for Men, Correctional Mental Health Screen for Women (use of validated tool required);
 - (b) Case Management Billing; and
 - (c) Gender responsiveness.
- p) Describe how your agency will obtain proposed release dates and daily release reports from the jail to provide for discharge planning from jails and emergency departments and a full continuum of care. Describe your plan to ensure step down care to services in the community upon discharge.
- q) Describe your agency's plan to work collaboratively with various social service agencies to provide a full continuum of care for eligible men and women with mental illness or co-occurring mental illness and substance use disorders identified in jail or emergency room.
- r) Describe the strategies to be utilized to ensure the program is, at all levels, responsive to the diverse cultural beliefs and practices of program participants.

Data Management and Expected Outcomes –

Applicants must clearly state in this section their intent to utilize the QuickBase Data system used by Stepping Up Alabama as well as their data collection and tracking process. This should include a description of the data management systems currently utilized by their organization, the jail, courts, and the emergency department. The applicant must also describe the processes in place to collect data from the jails and emergency departments on Stepping Up's Four Key Measures –

- Prevalence rate of serious mental illnesses in jails and EDs
 - Length of time people with serious mental illnesses stay in jail or number of times they present in the ED
 - Connections to community-based treatment, services, and support
 - Recidivism rates
- s) Applicants will be required to monitor and track program outcomes in accordance with ADMH and the Stepping Up guidelines. Technical Assistance will be provided to the funded Contractors for achieving data management and reporting requirements. Provide a plan clearly describing how the applicant will measure the intended results, including the following metrics:
- Number of people booked into jails and/entered ERs
 - Average length of stay,
 - Number of completed screenings and/or assessments, for those eligible adults receiving services and client-centered consultation;
 - Percentage of people with mental illness and co-occurring mental illness and substance use disorders connected to treatment and their recidivism (or readmission) rate.
 - Number of clients screened and referred to outside services;
 - Number of clients receiving services;
 - Demographic distribution of clients served;
 - Number of client and services billed to Medicaid;
 - % of billing amount actually received;
 - Number of linkages provided to clients;
 - Number and nature of new and existing partnerships with government and community organizations;
 - Number of MOUs in place with new and existing partners;
 - Number of referrals received from the partner agencies.

The project must be able to produce documented results that demonstrate whether and how the program model made a difference reducing the number of women and men with serious mental illness, co-occurring serious mental illness and substance use disorder, in local jails and emergency departments. This includes:

- Increased awareness of the benefits and requirements of the Stepping Up program;
- Decreased adults with mental illness or co-occurring mental illness and substance use disorders in local jails and emergency departments;
- Decreased length of stay in jails of adults with mental illness or co-occurring mental illness and substance use disorders;
- Increased awareness of available case management services;
- Increased leverage of resources and effectiveness in achieving intended outcomes through strategic partnerships;
- Improved capacity of community mental health center, networks and partnerships appropriately serve individuals with mental illness or co-occurring mental illness and substance use disorders; and
- Improved awareness surrounding community resources among county residents regarding mental health and substance use disorders.

- t) Provide a Program Implementation Plan that incorporates a phase-in timeline, with dates and corresponding descriptions of the activities that must take place prior to the Engagement Incentive Program implementation start date. Begin with the date of contract notification of award and include all phases from program start to final program evaluation. **(Include as EXHIBIT 9).**
- u) Identify potential barriers, challenges, etc. to program implementation or service delivery and how the CMHC plans to overcome identified barriers.
- v) Fully explain any planned or preexisting sub-contractual arrangements for assistance in the provision of the proposed services. Identify planned sub-contractors and the services to be provided. **Funds are allowed only for salary, benefits, travel and training.**

9. **SECTION VIII - Clarification, Exceptions or Deviations**

- (a) The Applicant shall provide a detailed explanation of any information submitted in its response for which there is a need for clarification, and/or for each exception or deviation from the requirements of the RFP. If the respondent proposes no clarification, exception, or deviation, a statement to that effect shall be entered in this section.
- (b) Acceptance of clarifications, exceptions and deviations is within the sole discretion of the Associate Commissioner for Mental Health/Substance Abuse Services.

10. **SECTION IX - Funding Strategy and Request**

The ultimate goal for this project is to launch the Stepping Up Initiative throughout the State of Alabama to reduce the number of people with mental illness or co-occurring mental illness and substance use disorders in jails and emergency rooms. **Funding for this project is being issued to hire a certified case management position to work in collaboration with community partners, local government, and law enforcement to reduce jail recidivism and hospital readmissions. The provided funds are allotted only for the certified case management position, benefits, and travel costs. The certified case manager must be eligible to bill Medicaid for their services when applicable.**

- (a) The Applicant shall provide a written explanation of its plans to maximize available revenue streams to support the operations of the proposed program. Identify each potential source of funding and/or other resources, describe the strategies to be used to access these funds/resources, and specify the amount of funds or value of other resources expected to be generated on an annual basis.
- (b) Complete and attach the Funding Request found in **APPENDIX IV** and attach to the proposal as **EXHIBIT 11**. Signature should be provided by an authorized representative of the Applicant's governing body. A detailed narrative justification of the funding request shall be included in **EXHIBIT 11**.
- (c) The applicant shall develop a Sustainability Plan using the template found in **APPENDIX V** to maintain relevant services beyond the initial contract funding. The organization should identify potential strategies to sustain case management and other needed services i.e. value-added cost savings, establish linkages with other providers, and prevent duplication of efforts to support jails and emergency room to decrease the number of persons with mental illness or co-occurring mental illness and substance use disorders in jails and emergency rooms. Include as **EXHIBIT 12**.

11. **SECTION X – Exhibits**

The Applicant shall clearly label each EXHIBIT, specifying the EXHIBIT number and name.

F. BASIS OF AWARD

1. ADMH intends to offer contracts to eligible Applicants whose proposals best demonstrate the organizational capability to provide a quality program that meets the terms and conditions specified in this RFP. Including, but not limited to, adequately integrating the required Stepping Up Initiative, detailed implementation plan of integrating the required certified case management position, providing the appropriate documentation of community support from required and additional partners, as well as demonstrating a strong plan for data collection, monitoring, and reporting.
2. ADMH reserves the right to reject any or all proposals in whole or in part, to advertise for new proposals; to abandon the need for such services; and to cancel this RFP, if any such actions are in the best interest of the State.
3. All proposals submitted in response to this RFP will be screened by the ADMH Office of Contracts and Purchasing to establish technical compliance and completion. Applications that are not in compliance with each screening criterion below will not be reviewed. Screening criteria to assess eligibility for formal review is as follows:
 - (a) The proposal has been properly formatted, as according to instructions provided in this RFP;
 - (b) All required Exhibits have been included;
 - (c) The Statement of Assurance has been properly executed by a member of the governing body;
 - (d) The Funding Request has been properly executed by a member of the governing body; and
 - (e) The proposal was received on or before the submission deadline.
4. Proposals remaining after completion of the screening process will be evaluated by a review team consisting of a minimum of three individuals who have expertise in the provision of mental illness or co-occurring mental illness and substance use disorder services for eligible men and women in jails and emergency rooms. Each proposal will be scored and ranked on the basis of the following criteria:
 - (a) Understanding of and responsiveness to the RFP;
 - (b) Organizational experience serving the target population;
 - (c) Quality, completeness, and responsiveness of the Service Description relative to the needs of the target population;
 - (d) Readiness to implement the proposed services;
 - (e) Quality and appropriateness of the staffing plan relative to the needs of the target population; and
 - (f) Appropriateness of funding request, fiscal controls, and accountability.
5. Proposals will be independently reviewed and scored by each member of the review team. **Table 2** provides point values that may be assigned to each of the five (5) proposal evaluation criteria, along with key questions for consideration by the review team to aid in determining a point assignment. Proposal scores may range from 0 to 100 points.

6. An aggregate score for each proposal will be established by the ADMH Office of Contracts and Purchasing by adding the scores assigned by each member of the evaluation team. Proposals will then be ranked according to their numerical scores and submitted to the Associate Commissioner for Mental Health/Substance Abuse Services for further review and funding consideration.
7. The Associate Commissioner will review the rankings of the Review Committee and may select Applicants for reference checks. The Associate Commissioner may authorize contact with one or more of the references provided in the Applicant's proposal or with other entities which have knowledge of the Applicant's experience and ability to provide the services requested in this RFP. The Associate Commissioner is also authorized to:
 - (a) Conduct any investigation as necessary to verify the qualifications and performance history of an Applicant;
 - (b) Negotiate as to any aspect of the proposal with the Applicant, and negotiate with more than one Applicant Organization at a time;
 - (c) Waive or seek clarification on any information, irregularities, or inconsistencies in proposals received;
 - (d) Select the successful Applicant(s) for award;
 - (e) Reject any and all proposals received in response to this RFP;
 - (f) Award a contract to an Applicant submitting other than the lowest priced proposal; and
 - (g) Award multiple contracts, or not award a contract, as a result of this RFP.
8. When contract negotiations have been successfully concluded, each Applicant will receive written notification of the review and funding status of its proposal.

TABLE 2

Scoring Criteria and Evaluation Questions	Potential Points
Understanding of and Responsiveness to the Request for Proposal <ul style="list-style-type: none"> Does the proposal clearly articulate an understanding of the concept of the Certified Case Management Engagement Incentive Contract and Stepping Up Initiative integration requirements? Does the applicant submit a plan to conduct the “Stepping Up Self-Assessment” integrating the Stepping Up “Six Questions County Leaders Need to Ask”? Does the information provided in the proposal correspond to the information requested? Is the information provided in the proposal articulated in a clear and concise manner? What impact will any proposed deviations or exceptions have on the target population? 	0-15
Organizational Experience Serving the Target Population <ul style="list-style-type: none"> Has the Applicant documented experience in serving the target population? Are the proposed benefits to ADMH for the selection of this Applicant to provide the case management and Stepping Up work realistic? Does the Applicant have adequate resources to perform the required work? Does the Applicant have a history of successfully performing the required work? 	0-15
Quality, Completeness, and Responsiveness of the Program Description Relative to the Needs of the Target Population <ul style="list-style-type: none"> Has the applicant conveyed the operation of a safe, case management environment that addresses the mental illness or co-occurring mental illness or substance use disorder diagnosis of program’s participants, and maximizes opportunities for stability? Are plans for engagement of the target population reflective of the needs for eligible men and women enrolled in the project? Does the applicant propose a method to timely remove persons with mental illness or co-occurring mental illness and substance use disorders from jails and emergency rooms? Are the services planned and organized in a manner to support attainment of the project’s goals and integration of Stepping Up Initiative? Are the specific evidence-based practices to be utilized clearly articulated in the proposal? Are best practices relative to the target population identifiable in the proposed services? Are the needs of eligible men and women who have co-occurring disorders adequately addressed? Are the roles of Stepping Up partners appropriately addressed in coordination of program service compliance? Is cultural competency clearly distinguishable throughout each aspect of the service description? Is linguistic competency clearly distinguishable throughout each aspect of the scope of work? Is there an adequate description of the program’s responsibilities after discharge from case management services? 	0-30
Readiness to Implement Proposed Services <ul style="list-style-type: none"> Does the applicant have access to a suitable facility in which to house the program and meet with eligible participants that is private, confidential upon release from jail or emergency room? 	0-15

Scoring Criteria and Evaluation Questions	Potential Points
<ul style="list-style-type: none"> ▪ Does the implementation plan provide realistic targets in relation to the tasks to be performed? ▪ Does the applicant provide required documentation to demonstrate that they are a Stepping Up County or plans to become a Stepping Up County prior to implementation and within 60 days of contract signing? ▪ Does the applicant include letters of support for the required partners? ▪ Does the applicant list the MOA's that it partners with or intend to partner with in program service delivery? 	
Quality and Appropriateness of Staffing Plan <ul style="list-style-type: none"> ▪ Does the proposed staffing pattern reflect the needs of the target population? ▪ Does the proposed staffing plan show support for the certified case manager and the projected number of clients to be served? ▪ Are the plans for supervision, certification, training, and competency assessment and Stepping Up integration adequate to assure quality service delivery? ▪ Do the job descriptions reflect the qualifications and duties needed in a case management program for persons with mental illness or co-occurring mental illness and substance use disorders? ▪ Does the staffing plan reflect adequate staff to accomplish the program's data and reporting functions? ▪ Does the applicant's proposal include a plan to collect, track and report appropriate data for ADMH, Stepping Up Initiative, and Medicaid Billing? ▪ If the Applicant's proposal utilizes the use of Certified Peer Specialist, is it compatible with best practices? ▪ Does the applicant plan for engaging Community Partners meet Stepping Up criteria? ▪ Does the proposed medical/clinical staff configuration meet the requirements for the provision of Medicaid eligible services? 	0-15
Appropriateness of Funding Request <ul style="list-style-type: none"> ▪ Is the funding request realistic in relation to the number of clients expected to be served? ▪ Is the funding request realistic in relation to the proposed services? ▪ Are the budget projections for other funds and resources realistic in relation to the number of clients projected? ▪ Does the project propose a feasible sustainability plan? 	0-10
TOTAL POTENTIAL POINTS	0-100

APPENDIX I

<p style="text-align: center;">Alabama Department of Mental Health Proposal to Provide CERTIFIED CASE MANAGEMENT ENGAGEMENT INCENTIVE PROGRAMS FOR PERSONS FOR PERSONS WITH MENTAL ILLNESS OR CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE USE DISORDER IN JAILS AND EMERGENCY ROOMS</p>

STATEMENT OF ASSURANCE OF UNDERSTANDING OF THE GENERAL REQUIREMENTS FOR PARTICIPATION

As a duly authorized member of the governing body of (Insert Legal Name of Applicant Organization), I certify that (Insert Legal Name of Applicant Organization):

1. Has carefully read all sections and Appendices of the Request for Proposal (RFP) entitled Certified Case Management Engagement Incentive Programs for Persons with Mental Illness or Co-Occurring Mental Illness and Substance Use Disorder in jails and/or emergency rooms issued by the Alabama Department of Mental Health in June 2019; and
2. Has fully informed itself as to all specifications, conditions, terms, and limitations, specified, therein; and
3. Understands the basic requirements to qualify to provide the Certified Case Management Engagement Incentive Programs for Persons with Mental Illness or Co-Occurring Mental Illness and Substance Use Disorder in jails and/or emergency rooms as specified in Section “C” of the RFP.

I, further, certify that (Insert Legal Name of Applicant Organization), has the experience and capacity to carry out the scope of work described in Section “D” of the above referenced RFP.

APPLICANT ORGANIZATION

PRINTED NAME OF AUTHORIZED CERTIFYING OFFICIAL

TITLE

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

DATE SUBMITTED

APPENDIX II

MEMORANDUM OF AGREEMENT BETWEEN THE [Name of LE Agency] AND [Name of BH Agency] FOR PARTNERSHIP IN CONTINUING THE [Name of Program of Operation]

This Memorandum of Agreement (MOA) is entered into by the [Name of LE Agency] and the [Name of BH Agency] for the purpose of continuing the [Program Name], which consists of the [Detailed description of Program Initiatives]

I. LIFE OF THIS AGREEMENT

This agreement is effective on the first day of [Include date] and terminates upon mutual agreement between the [Name of LE Agency] and [Name of BH Agency]. The life of this agreement is also subject to Section IX of this MOA.

II. AUTHORITY

The foundation of this agreement is established pursuant to the written communication between [Name of LE Agency] and the [Name of BH Agency] on [Date of initial communication].

III. PURPOSE OF THIS AGREEMENT

[Include purpose of agreement here]

IV. NAME OF JOINT OPERATION

[If applicable, include name of joint Operation with brief description]

V. MISSION OF THE OPERATION

[Include Mission of Operation here]

VI. MANAGEMENT OF OPERATION

Executive [Name of LE Agency] management responsibility over the [Name of Operation] shall remain with the Program Coordinator assigned to [Name of Division/ Unit]. Functional [Name of LE Agency] management responsibility shall remain with the Captain assigned to [Name of Unit / Division]. Line management responsibility over the [Name of Operation] shall remain with the [Name of LE Agency] Mental Illness Project Coordinator assigned to the [Name of Operation/Division/Unit].

Executive [Name of BH Agency] management responsibility over the [Name of BH Agency] personnel assigned to the [Name of Operation] shall remain with the [Title of BH Agency Personnel] in the [Name of BH Agency]. Functional [Name of BH Agency] management responsibility shall remain with the [Title of BH Agency Personnel] at the [Name of BH Agency]. Line management responsibility over [Name of BH Agency] personnel assigned to [Name of Operation] shall remain with the [Name of BH Agency] [Title of BH Agency Personnel], assigned to the [Name of Operation].

The [Name of LE Agency] shall recognize the [Title of BH Agency Personnel] from the [Name of BH Agency] and the [Title of LE Agency Personnel] of [Name of Agency] staff officer equivalents. The [Name of LE Agency] shall recognize the Title of LE Agency Personnel] as [Name of Agency] as a LAPD command officer equivalent.

VII. CONDITIONS AND PROCEDURES

A. DEPLOYMENT OF PERSONNEL BY [Name of LE Agency]

[Insert detailed information on deployment of personnel from LE Agency]

B. DEPLOYMENT OF PERSONNEL BY [Name of BH Agency]

[Insert detailed information on deployment of personnel from BH Agency]

C. OFFICE SPACE, TRANSPORTATION, EQUIPMENT AND SUPPLIES

[If Applicable, insert information regarding [Name of LE Agency] provision of office space, transportation, equipment use, and supplies for [Name of BH Agency] personnel.

D. ACCESS TO POLICE FACILITIES

[If Applicable, insert information on access to [Name of Agency] facilities by [Name of BH Agency] personnel.

E. CONFIDENTIALITY AND SHARING OF INFORMATION

All personnel assigned to the [Name of Operation] shall be knowledgeable and abide with the provisions of the law pertaining to confidentiality of information related to a client's mental history and other medical records, and shall be in HIPPA (Health Information Privacy Protection Act) compliance both in areas of privacy and security of protected health information.

The mental health history of a client is accessed only by [Name of BH Agency] clinicians and is made available to police only during critical incidents. The clinicians may disclose appropriate and relevant information and any other protected mental health information to other specialized units within [Name of LE Agency] in the following circumstances:

- In response to a court order, warrant, subpoena, summons, or process issued by a court.
- If the clinician believes that the client presents a serious present or imminent danger of violence to self or another person.

F. RESPONSIBILITY FOR DISPATCHING SMART OR CAMP

The [Name of LE Agency] [Name of Program] management will serve as the primary authority for generating work, and in dispatching program team when requests are made for their services. The [Name of Agency] management will prioritize all calls for service and dispatch accordingly. The [Name of BH Agency] agrees not to direct or redirect [Name of BH Agency] personnel to perform duties not identified by the [Name of LE Agency] management. The [Name of BH Agency] will permit the [Name of Operation] to function within the confines of the [Name of LE Agency] structure and mission.

G. OFF-HOUR MANAGEMENT OF MENTAL ILLNESS RESPONSE CALLS

[If applicable, insert information regarding off-hour management of mental illness response calls]

H. UNUSUAL OCCURRENCES AND TACTICAL MOBILIZATIONS

[If applicable, insert information regarding unusual occurrences and tactical mobilizations]

I. TRAINING

The [Name of LE Agency] will provide [Name of BH Agency] personnel with Mental Health Intervention Team training, and Crisis Negotiation Team training. The [Name of BH Agency] shall provide sworn [Name of Program] personnel mental illness field and investigative training relative to the [Name of Program] missions. The [Name of BH Agency] shall provide intellectual and personnel support to the [Name of LE Agency] for its mental illness training conferences and classroom training sessions as requested by the [Name of LE Agency].

VIII. PROGRAM AUDIT

This MOA and its obligations are subject to audit by both the [Name of LE Agency] and [Name of BH Agency]. Audits can occur as each department deems appropriate to assesses compliance with the terms of this MOA. The [Name of Agency] agrees to maintain all records relating to [Program Name] operations consistent with [Name of LE Agency] procedures governing records retention. The [Name of BH Agency] client records shall be housed for a period of seven years after contact with the client is terminated in compliance with the Welfare and Institutions Code. The [Name of BH Agency] will similarly retain its operations documents consistent with [Name of BH Agency] procedure governing records retentions.

IX. REVISIONS AND CANCELLATIONS

The terms of this agreement may be amended upon written approval by both original parties, and their designated representatives. The MOA becomes effective upon the date of approval. Either party can cancel this agreement upon 60 days written notice to the other party.

X. NO PRIVATE RIGHT CREATED

This is an internal Government MOA between [Name of Agency] and [Name of Agency] and is not intended to confer any right or benefit to a private person or party.

NAME:
Chief of Police/ Sheriff
LE Agency Name
City, State
Date: _____

NAME:
Director
BH Agency Name
City, State
Date: _____

APPENDIX III

ALABAMA DEPARTMENT OF MENTAL HEALTH

Proposal to Provide

Certified Case Management Engagement Incentive Programs for Persons with Mental Illness or Co-Occurring Mental Illness and Substance Use Disorder in Jails and/or Emergency Rooms

JOB DESCRIPTION

Complete a Job Description for Each Position Listed on the Organizational Chart for the Proposed Program

POSITION NAME:
% OF POSITION ASSIGNED TO THE PROPOSED PROGRAM:
SUPERVISOR (List Position):
POSITIONS SUPERVISED (List Positions):
New Position <input type="checkbox"/> Existing Position <input type="checkbox"/>
REQUIRED QUALIFICATIONS:

JOB RESPONSIBILITIES:

APPENDIX IV

ALABAMA DEPARTMENT OF MENTAL HEALTH

Proposal to Provide

Certified Case Management Engagement Incentive Programs for Persons with Mental Illness or Co-Occurring Mental Illness and Substance Use Disorder in Jails and/or Emergency Rooms

APPLICANT FUNDING REQUEST

Please Provide the Information Requested Below on the Basis of a Twelve-Month Operating Period
(Unless otherwise Indicated)

Applicant Organization:	
Funding /Service Projections	Amount
Total Funds Requested from ADMH to Provide Certified Case Management Engagement Incentive Programs for Persons with Mental Illness or Co-Occurring Mental Illness and Substance Use Disorder in Jails and/or Emergency Rooms (A DETAILED NARRATIVE JUSTIFICATION OF THE AMOUNT REQUESTED, BASED UPON THE PLANNED FEE FOR SERVICE REIMBURSEMENT METHODOLOGY, MUST BE INCLUDED AS PART OF EXHIBIT 10)	
2. Total Budget Projected for the Operation of the Program:	
3. Amount of Medicaid Revenue Projected for the Provision of Case Management Services:	
4. Total Amount of Other Revenue Projected (Identify Sources and the Amount for Each Below):	
▪	
▪	
▪	
5. Maximum Program Capacity for Women (Total Number of Women in the Program can Accommodate at One Time):	
6. Maximum Program Capacity for Men (Total Number of Men in the Program can Accommodate at One Time):	
7. Total Number of Women to be Served (Unduplicated Count):	
▪ Number of Women with mental illness to be Served:	
▪ Number of Women with co-occurring disorders to be Served:	
8. Total Number of Men to be Served (Unduplicated Count):	
▪ Number of Men with mental illness to be served:	
▪ Number of men with co-occurring disorders to be Served:	
10. Total Number of Medicaid Eligible Recipients Projected to be Served:	
Funding request made on behalf of (Insert name of Applicant Organization) by:	
Printed Name of Authorized Member of the Governing Body	Title

Signature	Date
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APPENDIX V

Identify the Sustainability Goals and Action Steps

To complete the planning chart (next page), begin by identifying the sustainability goals and methods. Plans typically have between 3-10 Sustainability Goals, sometimes more or less, but more important than quantity is to create goals that reflect what your team envisions.

- **Sustainability Goal.** One to two sentences describing a change your team wants to see happen in order to build capacity in a key area. Create different charts for each Sustainability Goal. Often, sustainability goals focus on:
 - Programming
 - Community mobilization
 - Income diversification
 - Dollar amount to be raised
 - In-kind support
 - Training models
 - Partnerships
 - Infrastructure/personnel
 - Communications/dissemination
 - And more...

Ideally, the goal(s) will be SMART (Specific, Measurable, Attainable, Relevant, Time bound). The following are two examples of a sustainability goal:

- Example #1: *By June 30, 2019, at least 10% of the program budget will have at least one other source of funding.*
- Example #2: *By June 30, 2019, identify and establish relationships with 50 organizations at the state/tribe level who can describe and advocate for the program.*
- **Sustainability Method.** A phrase or a sentence identifying a principal method to be used to achieve the goal. A goal may have one or more methods. For example, the goal in Example #1, above, could have one method (i.e. foundation funding), or more (i.e. fee-for-service model, state-level funds, etc.). Likewise, the goal in Example #2, above, could require one method (i.e. 1:1 engagements/regular meetings) or several (i.e. state-level summit meetings; listserv or online community forums).
- **Action Steps: Activity, Person/Group Responsible, Timeline, and Resources Needed.** For each primary activity, identify corresponding secondary activities; individual or group responsible; timeline; and capacity building assistance (CBA) needed to support the group's work in that area. The "Progress Update" column enables teams to monitor work on each action step over time.
- **Align with Factors for Program Sustainability.** The factors for program sustainability have demonstrated to lead to sustainability through on-the-ground experience and research. Please align your plan with the factors:
 - STRATEGIZE | Create an Action Strategy
 - ASSESS | Assess the Environment
 - LEAD | Identify, Engage, and Develop Leaders
 - EVOLVE | Remain Flexible and Evolve
 - COMMUNICATE | Communicate with Stakeholders
 - INTEGRATE | Integrate Program Services into Community Infrastructures
 - PARTNER | Create Strategic Partnerships and Mobilize the Community
 - DIVERSIFY | Diversify Financial Opportunities
- **Sustainability Plan.** Once completed, the categories listed above comprise the sustainability plan. Depending on the sustainability goal, you will need one or more activities. Keep in mind that the more detailed the action steps, the easier it will be to complete them as well as determine where efforts may be falling short so you can devise an alternative plan if necessary. Finally, your sustainability plan is almost certain to be longer than one page – make additional copies of the planning template on the next page, as needed. You may want to create a State/Tribal level plan and separate implementation site plan.

Sustainability Goal #1:	[e.g. service sustained; income diversification; amount to be raised; in-kind support; organizational infrastructure strengthened; partnership established; training delivered; etc.]
Sustainability Method(s):	[Method(s) used to achieve sustainability goal]

Primary Activity	Secondary Activities / Deliverables	Alignment with Factors for Program Sustainability	Person/Group Responsible	Timeline	Resources and/or individual T/A Needed	Progress Update
1.	a.					
	b.					
	c.					
2.	a.					
	b.					
	c.					

Sustainability Goal #2:	[e.g. service sustained; income diversification; amount to be raised; in-kind support; organizational infrastructure strengthened; partnership established; training delivered; etc.]
Sustainability Method(s):	[Method(s) used to achieve sustainability goal]

Primary Activity	Secondary Activities / Deliverables	Alignment with Factors for Program Sustainability	Person/Group Responsible	Timeline	Resources and/or individual T/A Needed	Progress Update
1.	a.					
	b.					
	c.					
2.	b.					
	b.					
	c.					

Sustainability Goal #3:	[e.g. service sustained; income diversification; amount to be raised; in-kind support; organizational infrastructure strengthened; partnership established; training delivered; etc.]
Sustainability Method(s):	[Method(s) used to achieve sustainability goal]

Primary Activity	Secondary Activities / Deliverables	Alignment with Factors for Program Sustainability	Person/Group Responsible	Timeline	Resources and/or individual T/A Needed	Progress Update
1.	a.					
	b.					
	c.					
2.	c.					
	b.					
	c.					